

Name  
in  
Full

Levina J. Armstrong

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Harre de Grace Harford

Date

Month

Day

Years

Months

Days

of death

1908 Oct.

12

Age

32

-

-

Sex

Female

Color or  
Race

White

Birth-  
place

Becil Co.

Occupation

Housewife

Where Residing if not  
at place of death

Harre de Grace

Married, Single  
or Widowed

Married

Name of ~~Wife~~  
Husband

Daniel M. Armstrong

Father's  
Name

Owen Murphy

Father's  
Birthplace

Becil Co.

Mother's  
Maiden Name

Eliza Clayton

Mother's  
Birthplace

Talbot Co.

Name of person giving  
In formation

Mr Isaac Jones

How related  
to deceased

None

(175)

## CAUSES OF DEATH

Primary

Thomson Poisoning

How long

12 hrs

Immediate

Toxemia

How long

12 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. W. Steiner M.D.

Address

Harre de Grace  
Maryland

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Oliver Bennett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Ludwig<sup>County</sup> Howard

Date

of death 1908

<sup>Month</sup> Oct<sup>Day</sup> 14

Age

<sup>Years</sup> 33<sup>Months</sup><sup>Days</sup>

Sex

Female

Color or  
Race

White

Birth-  
place

Pa

Occupation

Housewife

Where Residing if not  
at place of deathMarried, ~~Single~~  
~~Widowed~~Name of Wife or  
Husband

Wm J Brington

Father's  
Name

Samuel Kilgore

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Ella Brubaker

Mother's  
Birthplace

Pa

Name of person giving  
Information

Garbia A. Roberts

How related  
to deceased

Sister

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary

Gunshot wound in the left breast, at

How long

Immediate

the hands of her husband.

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

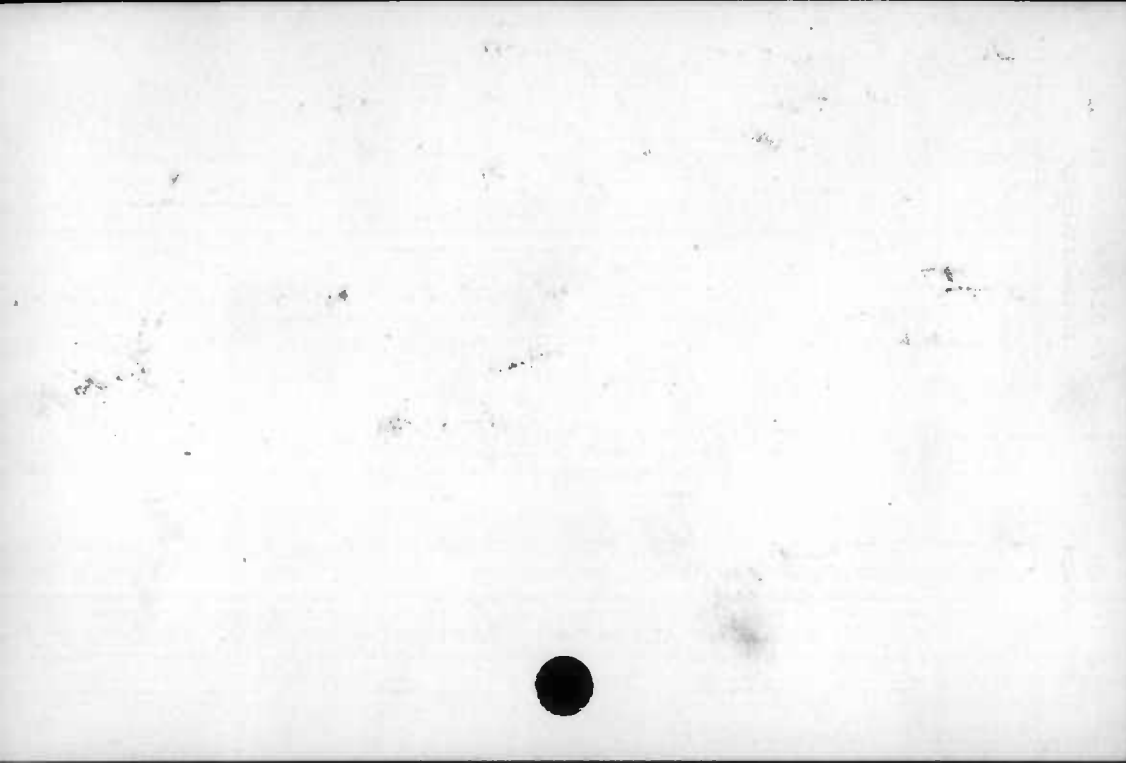
Address

Coroner J. A. Wheeler J. P.

Delta P.O.

Accident or Suicide?

Murder



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

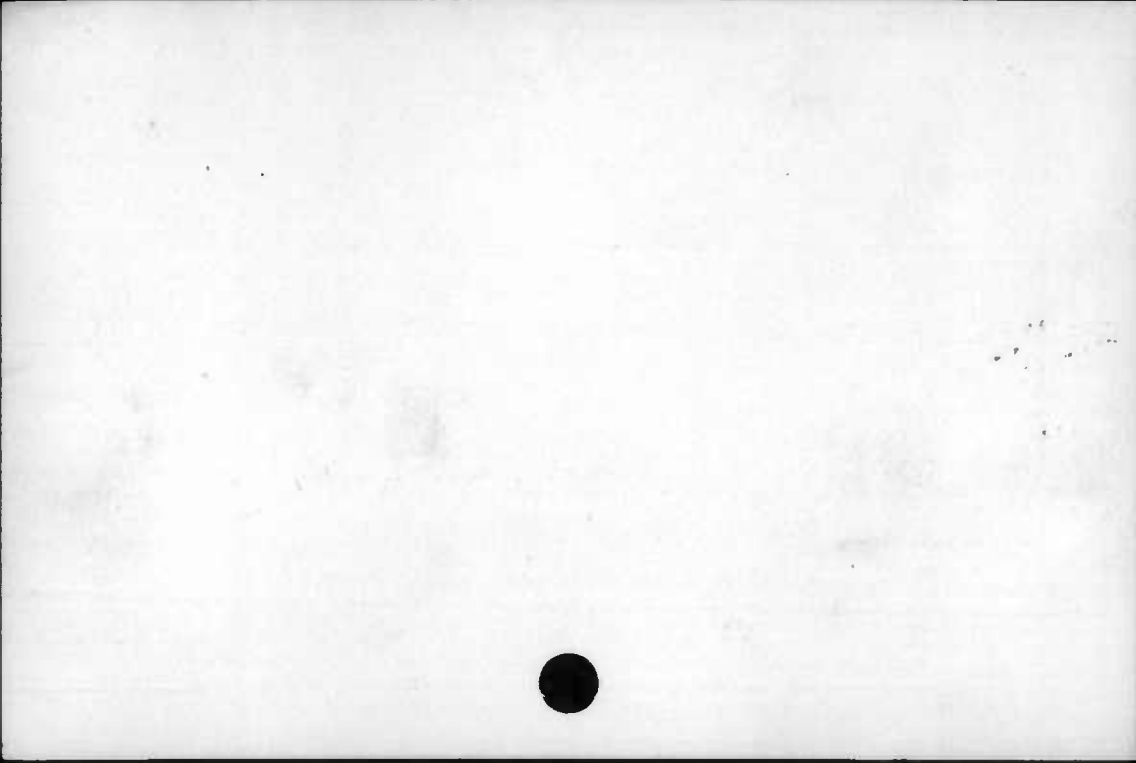
Died at <u>Shedding</u> Town		<u>Howard</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>Oct</u>	Day <u>11</u>	Age <u>34</u> Years	Months <u>  </u> Days <u>  </u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Pa</u>			
Occupation <u>Quarryman</u>	Where Residing if not at place of death <u>  </u>				
Married, <u>  </u> or Widowed	Name of Wife or Husband <u>Olvie Bunnington</u>				
Father's Name <u>W. J. Bunnington</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Maggie Bulett</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Alva Bunnington</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

Primary <u>Gunshot wound in abdomen</u>	How long <u>  </u>
Immediate <u>at his own hands.</u>	How long <u>  </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Coram J. H. Wheeler J.D.</u>
	Address <u>Shedding Pa</u>
Accident or Suicide? <u>Suicide</u>	



Name  
in  
Full

Robert Cook

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harredgran</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>8</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	Age <i>unknown</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>don't know</i>		
Occupation <i>Labor</i>			Where Residing if not at place of death <i>Harford County</i>		
Married, Single or Widowed <i>don't know</i>		Name of Wife or Husband <i></i>			
Father's Name <i>don't know</i>			Father's Birthplace <i>don't know</i>		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>don't know</i>		
Name of person giving Information <i>Walter Smith</i>			How related to deceased <i>brother</i>		

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary <i>Found dead</i>	How long <i></i>
Immediate <i>Natural causes</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Mattingley</i>
	Address <i>Harredgran</i>
Accident or Suicide	<i>acting coroner</i> <i>md</i>





Name  
in  
Full

Susan Rebecca Daugherty

## CERTIFICATE OF DEATH

Town

Level

County

Harford

MARYLAND

Died at

Date

1908

Month

Oct

Day

3

Years

Age 31

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housework

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Samuel Daugherty

Father's  
Name

John Singleton

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary Ann Mobray

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Mrs Thomas Simpson

How related  
to deceased

Sister

## CAUSES OF DEATH

137

Primary

Abortion

How long

Immediate

Peritonitis - Septic infect 4 or 5 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. L. Hopkins

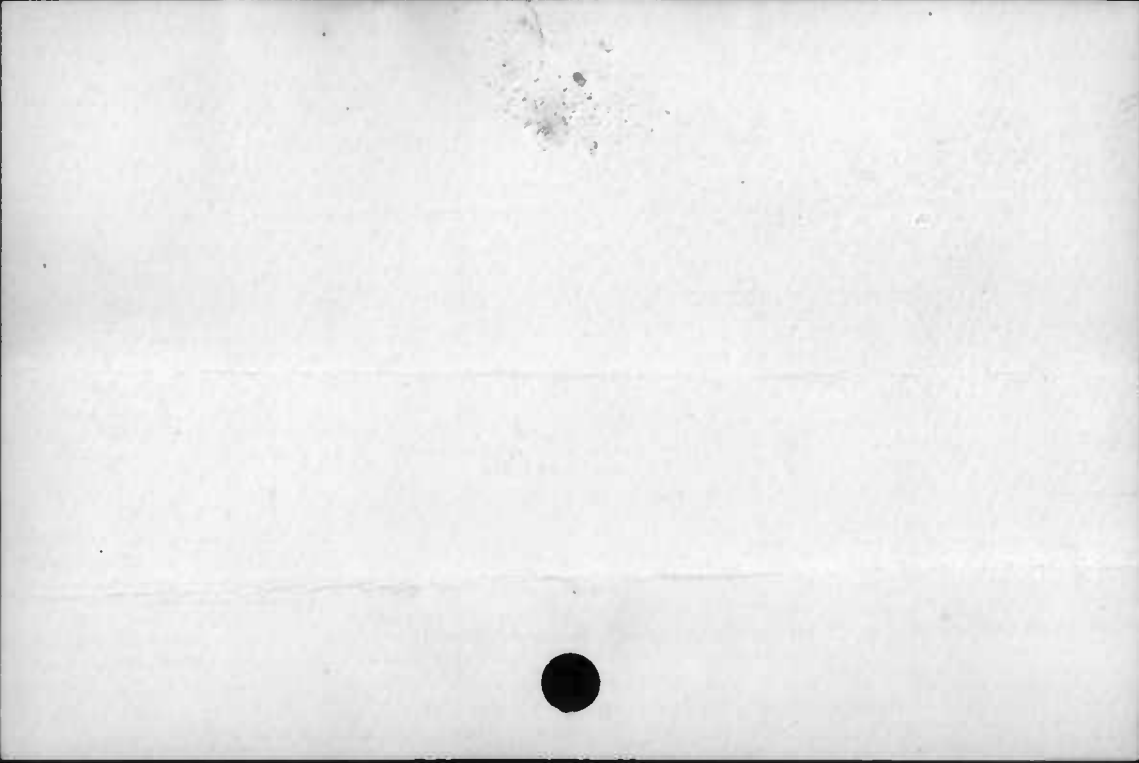
Address

Haver de Green

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Francis E. Colley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup>	<i>Oct</i> <sup>Day</sup>	<i>4</i> <sup>Age</sup>	<i>80</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Bel Air</i>		
<del>Married</del> <sup>Widowed</sup>	Name of Wife or Husband		<i>Robert B. Colley</i>		
Father's Name	<i>Charles Harward</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Mary Brown</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Robert E. Colley</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

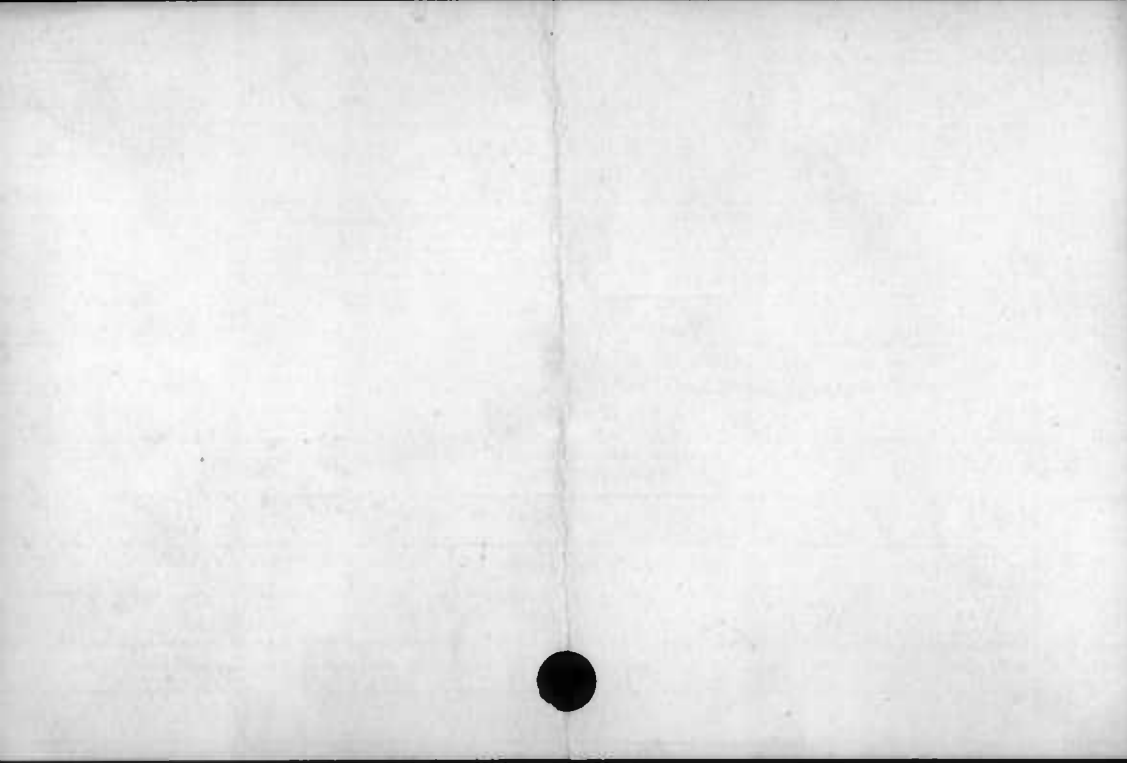
(154)

PHYSICIAN  
OR CORONER

Primary	<i>Senile decay -</i>	How long	<i>Several years -</i>
Immediate	<i>Oedema of brain &amp; coma</i>	How long	<i>5 days -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes -</i>	Signature of Physician	<i>A. F. van Bibber, M.D.</i>
		Address	<i>T Bel Air</i>
Accident or Suicide?	<i>No -</i>		<i>Med.</i>

Holy Trinity

Name in Full		Grace Folger				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1908		Oct	5			11
	Sex		Color or Race		Birthplace		
	Female		White		The Rocks		
	Occupation		Where Residing if not at place of death				
			The Rocks				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Charles Folger			Father's Birthplace	
						The Rocks	
	Mother's Maiden Name		Crisa Martin			Mother's Birthplace	
					Chestnut Hill		
Name of person giving information		Charles Crowl			How related to deceased		
					None		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Enteritis			How long	
						1 day	
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	Yes		Charles W. Harnois		St. Louis Mo		
Accident or Suicide?							



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

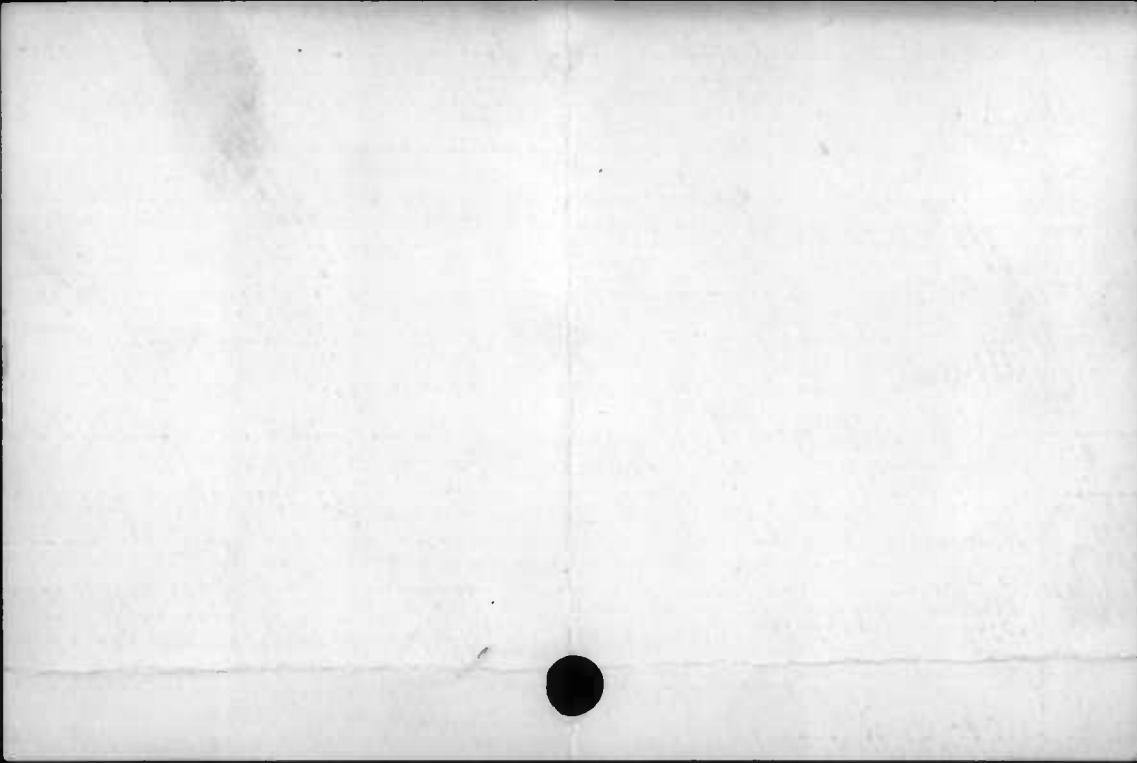
Elizabeth Gilbert		County		Harford Co		MARYLAND	
Died at Barren		Town		Harford Co		County	
Date of death 1908		Month Oct		Day 16		Age 91	
Sex Female		Color or Race white		Birthplace Harbide Grace		Months	
Occupation Housework		Where Residing if not at place of death Barren		Days			
Married, Single or Widowed		Name of Wife or Husband Parker Gilbert		Father's Birthplace Harford Co		Mother's Birthplace Don't Know	
Father's Name John born		Mother's Maiden Name Belgium Baker		Name of person giving information Jarnett Ward		How related to deceased Similar	

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary Age		How long	
Immediate Localizer's		How long About 3 weeks	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. W. Smith	
		Address None de Trac Rd	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Helgesen* Town *Crisen* County *transferred to Hand Grace* **MARYLAND**

Died at *Crisen* Date of death *1908* Month *19* Day *7* Age *29* Years *29* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Norway*

Occupation *Sailor* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Warburg Helgesen* Father's Birthplace *Norway*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Charles Helgesen* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Accidental Drowning*

Immediate *—*

How long *172*How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Frank Fager*Address *Exton Md*Accident or Suicide *Accident*



Name  
in  
Full

not named Isenock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

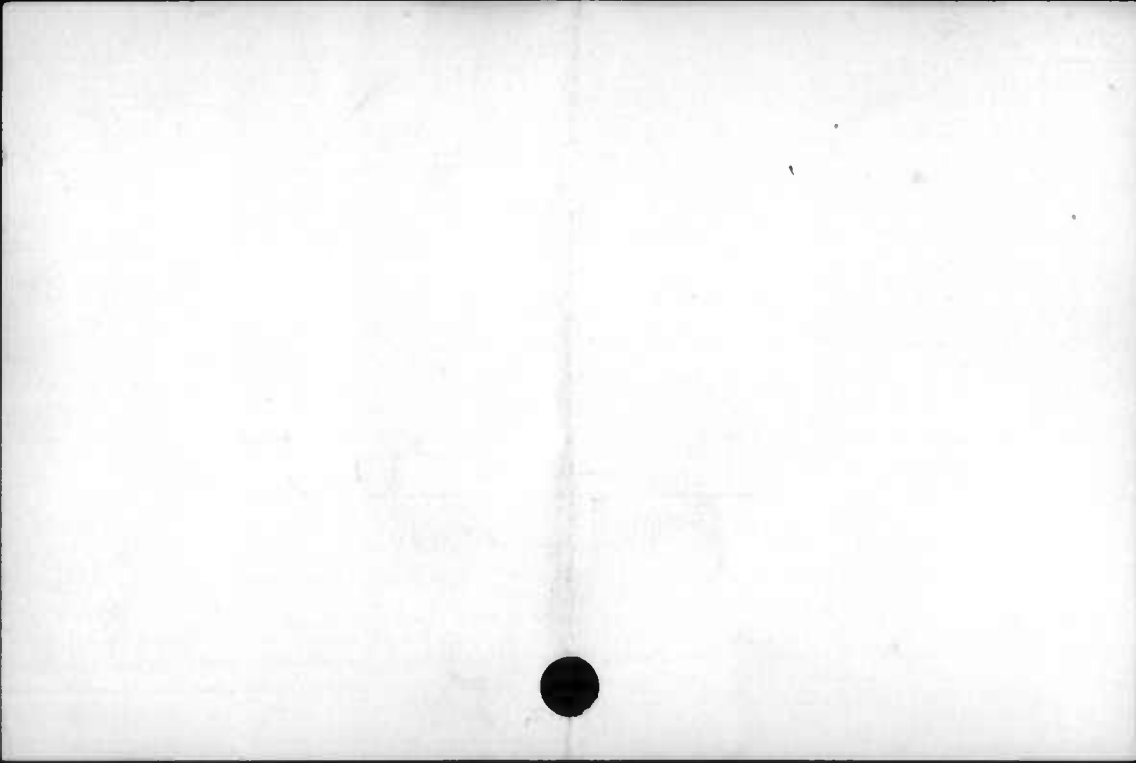
Died at <u>Rutledge</u> Town		<u>Hargord</u> County		MARYLAND	
Date of death	1908	Month	Oct.	Day	7
Age		Years		Months	0
Sex		Color or Race		Birth-place	
female		white		Rutledge, Md.	
Occupation		Where Residing if not at place of death			
none					
Married, Single or Widowed		Name of Wife or Husband			
single					
Father's Name		Father's Birthplace			
John T. Isenock		Baltimore Co., Md.			
Mother's Maiden Name		Mother's Birthplace			
Victorine Coe		Hargord Co., Md.			
Name of person giving information		How related to deceased			
John T. Isenock		father			

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	<u>Open foramen ovale</u>	How long	<u>1 hour</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Thos. H. Emory, Jr., D.	
		Address	
		Monteton, Md.	
Accident or Suicide?			
no			



Name  
in  
Full

Howard Mathew Tishy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

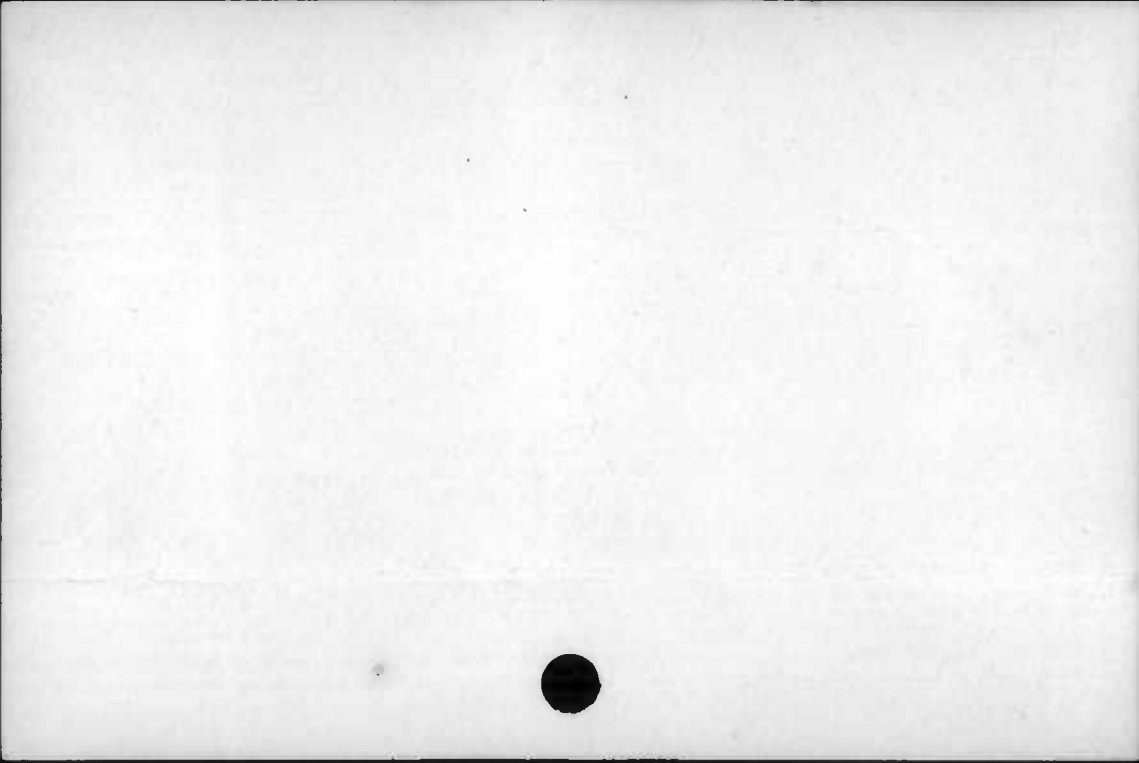
Died at <i>Snively Hill</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>Oct</i> <small>Month</small>	<i>9</i> <small>Day</small>	<i>20</i> <small>Years</small>	<i>6</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>[blank]</i>			
Father's Name	<i>Charles Tishy</i>			Father's Birthplace	<i>Harford MD</i>
Mother's Maiden Name	<i>Annie Jones</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Charles Tishy</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>8 mo</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. N. Seiper MD</i>	
<i>yes</i>		Address <i>Harford Green MD</i>	
Accident or Suicide?			



Name in Full *William batheart-McComas*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

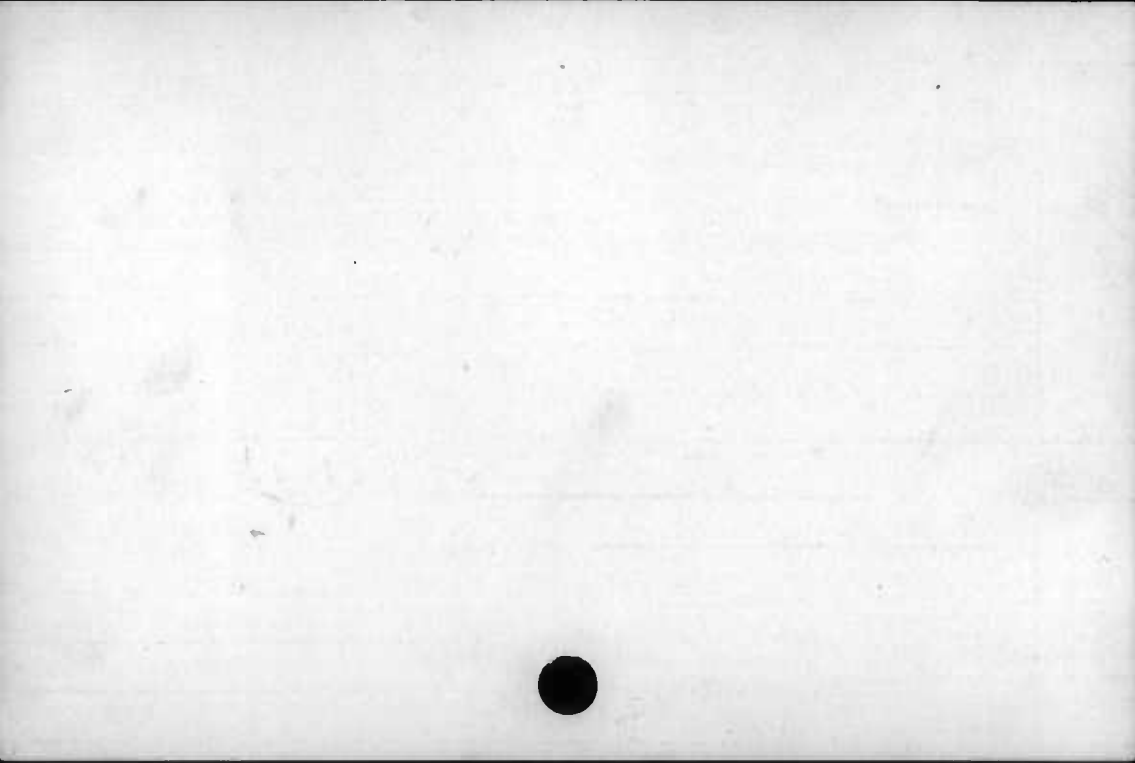
Died at <i>Taylor</i> Town		<i>Hanford</i> County		MARYLAND		
Date of death <i>1908</i>	Month <i>October</i>	Day <i>5th</i>	Age <i>—</i>	Years <i>2</i>	Months <i>11</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Taylor</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>Harry P. McComas</i>			Father's Birthplace <i>Black Horse Md.</i>			
Mother's Maiden Name <i>Lillie batheart-</i>			Mother's Birthplace <i>" Md.</i>			
Name of person giving information <i>Harry P. McComas</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>	How long <i>Several weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley</i>
	Address <i>Garrettsville Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

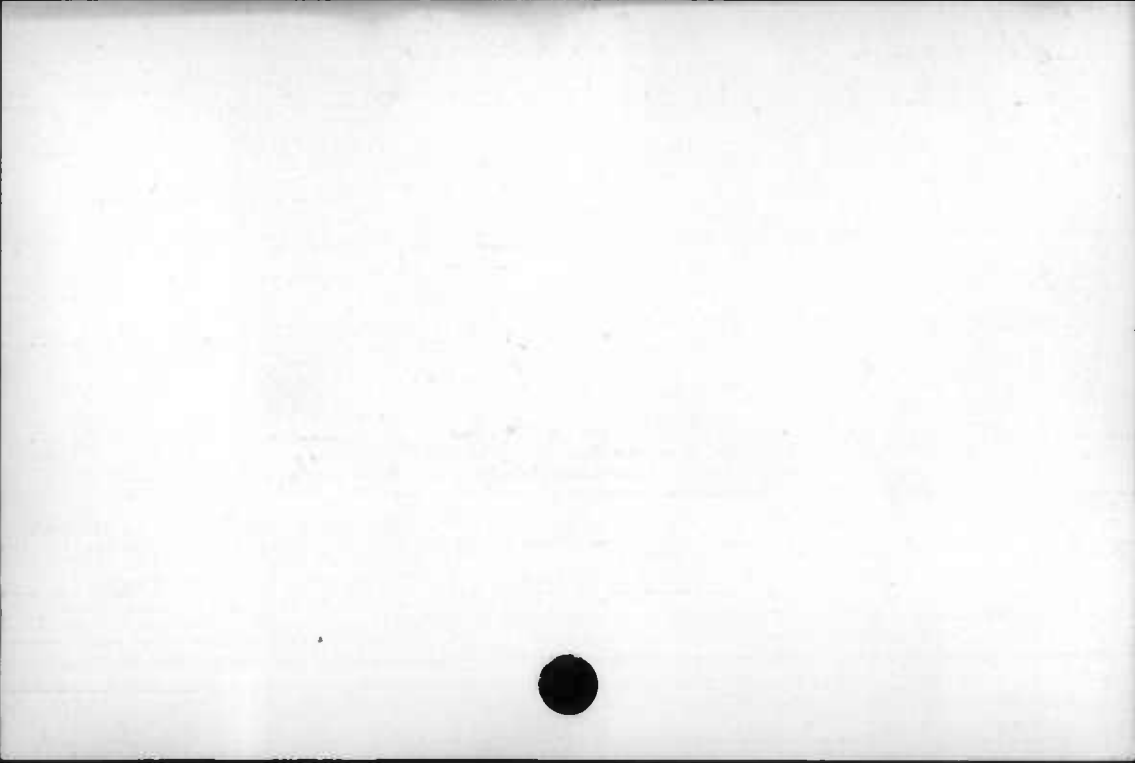
Died at <i>Bel Air</i> <sup>Town</sup>		<i>Hanover</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908 Oct</i> <sup>Month</sup>		<i>3</i> <sup>Day</sup>	Age <i>22</i> <sup>Years</sup>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>Bel Air</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Edward Mc Guirk</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Margie Mc Kenney</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mr A J Jones</i>		How related to deceased <i>Aunt</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Hypertrophy</i>	How long
Immediate <i>Broken Compensation</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Purnell H. Applegate</i>
	Address <i>Bel Air</i>
Accident or Suicide?	



Name  
in  
Full

Sarah A Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

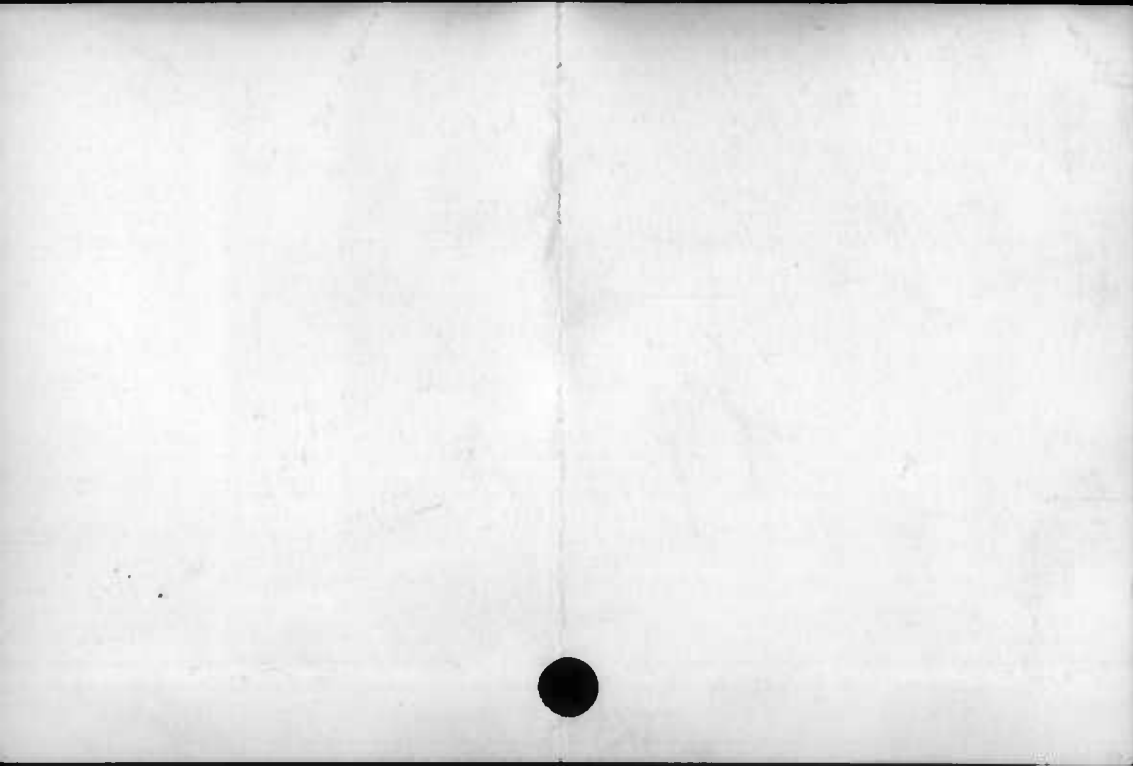
Died at <i>Near Churchville</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>20</i>		Age <i>71</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Near Aberdeen</i>		Months <i>—</i>	
Occupation <i>House work</i>		Where Residing if not at place of death <i>Near Churchville</i>		Years <i>—</i>		Days <i>—</i>	
Married, <del>Single</del> <i>or Widowed</i>		Name of Wife or Husband <i>J. B. Moore</i>		Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Father's Name <i>James Cole</i>		Mother's Maiden Name <i>Elizabeth</i>		Name of person giving information <i>J. B. Moore</i>		How related to deceased <i>Husband</i>	

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary <i>Encephalitis</i>	How long <i>10 months</i>
Immediate <i>Nervous prostration</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Roberts</i>
	Address <i>Churchville</i>
Accident or Suicide?	



Name  
In  
Full

CERTIFICATE OF DEATH

Clarence H. Norris

TO BE ANSWERED BY  
NEAREST FRIEND

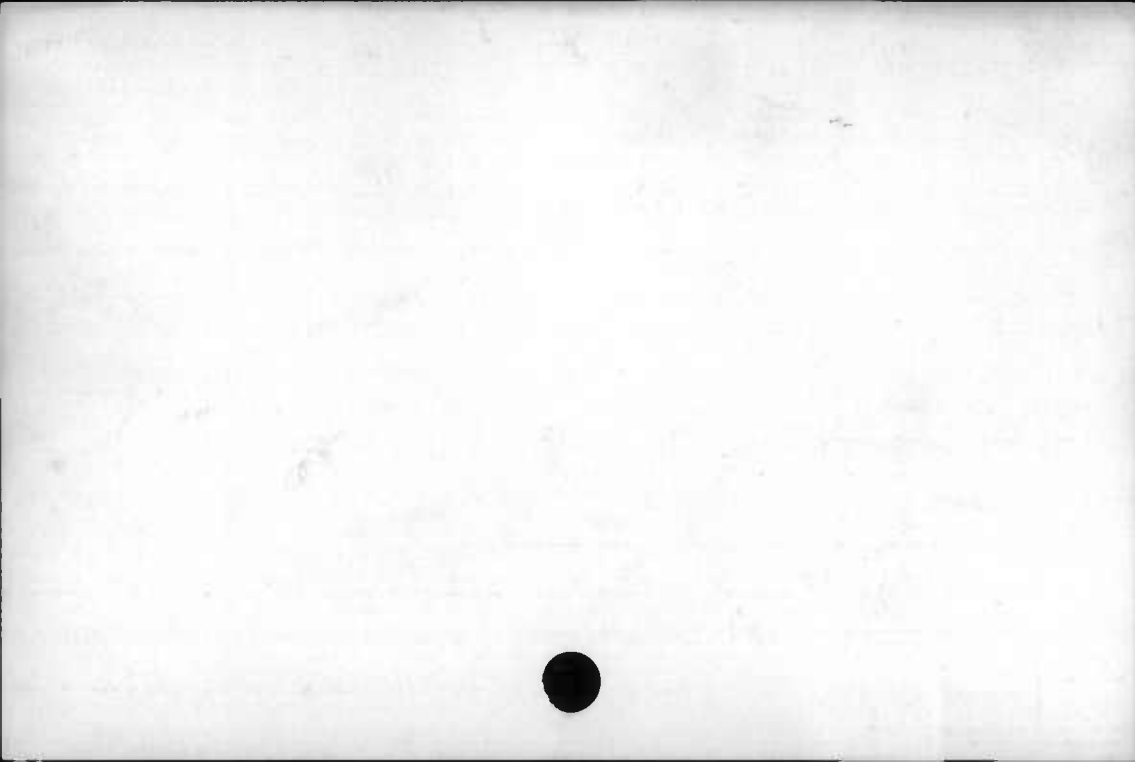
Died at <u>Whiteford</u> <sup>Town</sup>		<u>Hayford.</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Month</sup> <u>Oct</u> <sup>Day</sup> <u>3</u>	Age	<u>7 weeks</u> <sup>Year</sup> <u>—</u> <sup>Month</sup> <u>—</u> <sup>Day</sup> <u>—</u>		
Sex	<u>Male.</u>	Color or Race	<u>White.</u>	Birth-place	<u>Ind.</u>
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
<del>Married</del> , Single or <del>Widowed</del>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Walter Norris</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Mattie Hamman</u>		Mother's Birthplace <u>Pa.</u>			
Name of person giving information <u>Walter Norris</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus.</u>	How long	<u>3 weeks.</u>
Immediate	<u>Marasmus.</u>	How long	<u>3 weeks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>H. Austin Delcher, M.D.</u>	
		Address <u>Cardiff, Md.</u>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
"NEAREST FRIEND"

MARYLAND

Died at <sup>Town</sup> *Swanereek* <sup>County</sup> *Harford*

Date of death <sup>Month</sup> *1908* <sup>Day</sup> *Oct* <sup>Age</sup> *13* <sup>Years</sup> *13* <sup>Months</sup> *13* <sup>Days</sup>

Sex *Female* Color or Race *white* Birth-place

Occupation Where Residing if not at place of death *Swanereek*

Married, Single or Widowed Name of Wife or Husband

Father's Name *Leed Oates* Father's Birthplace *unobtainable*

Mother's Maiden Name *Mervina Burkentin* Mother's Birthplace *unobtainable*

Name of person giving information *Mervina Burkentin* How related to deceased *Mother*

CAUSES OF DEATH

**179**

Primary *Artificial Food*

Immediate *Diarrhea*

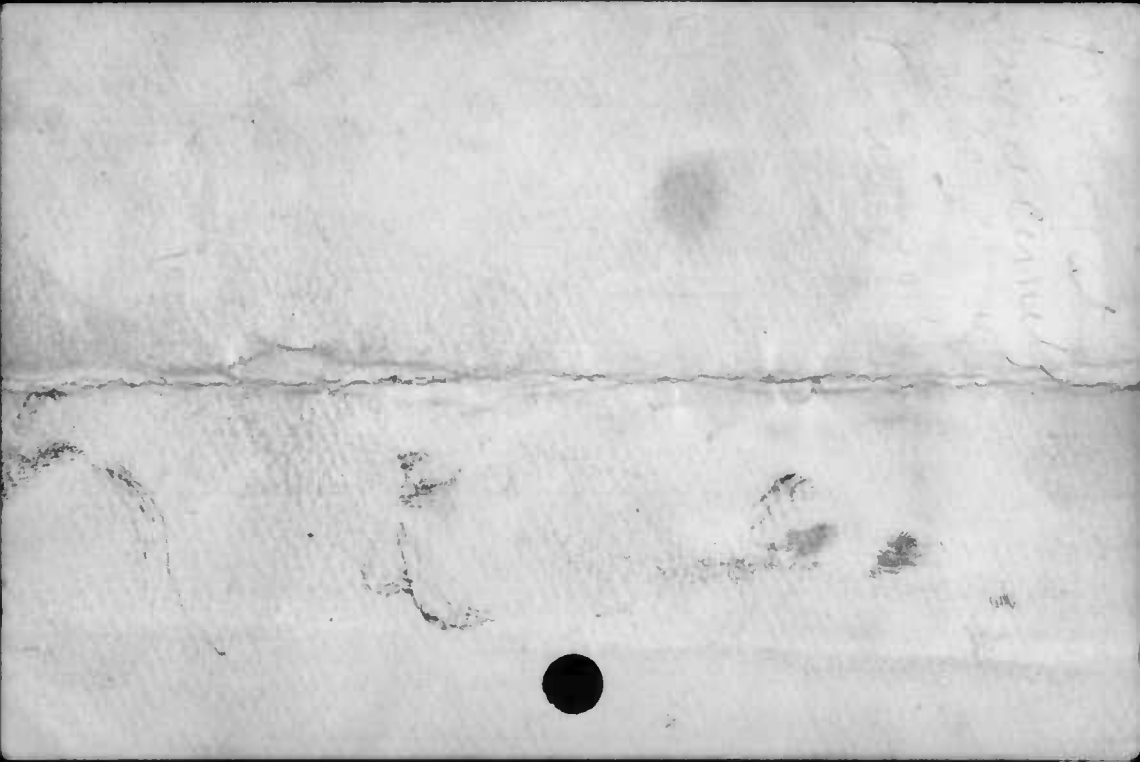
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Al Parker*  
*House of Grace*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Henry Piper*

Died at *Emmorton* Town *Harford* County

Date of death *1908* Month *Oct.* Day *4<sup>th</sup>* Age *53* Year Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *Emmorton*

Married, Single or Widowed *Married* Name of Wife or Husband *Alberta Thompson*

Father's Name *Henry Piper* Father's Birthplace *Germany*

Mother's Maiden Name *Lizzie Delmar* Mother's Birthplace *Germany*

Name of person giving information *Wm A. Humbuch* How related to deceased *Nephew*

## CAUSES OF DEATH

160

PHYSICIAN  
OR CORONER

Primary *Throat Cut-* *✓* How long

Immediate How long *4 hours*

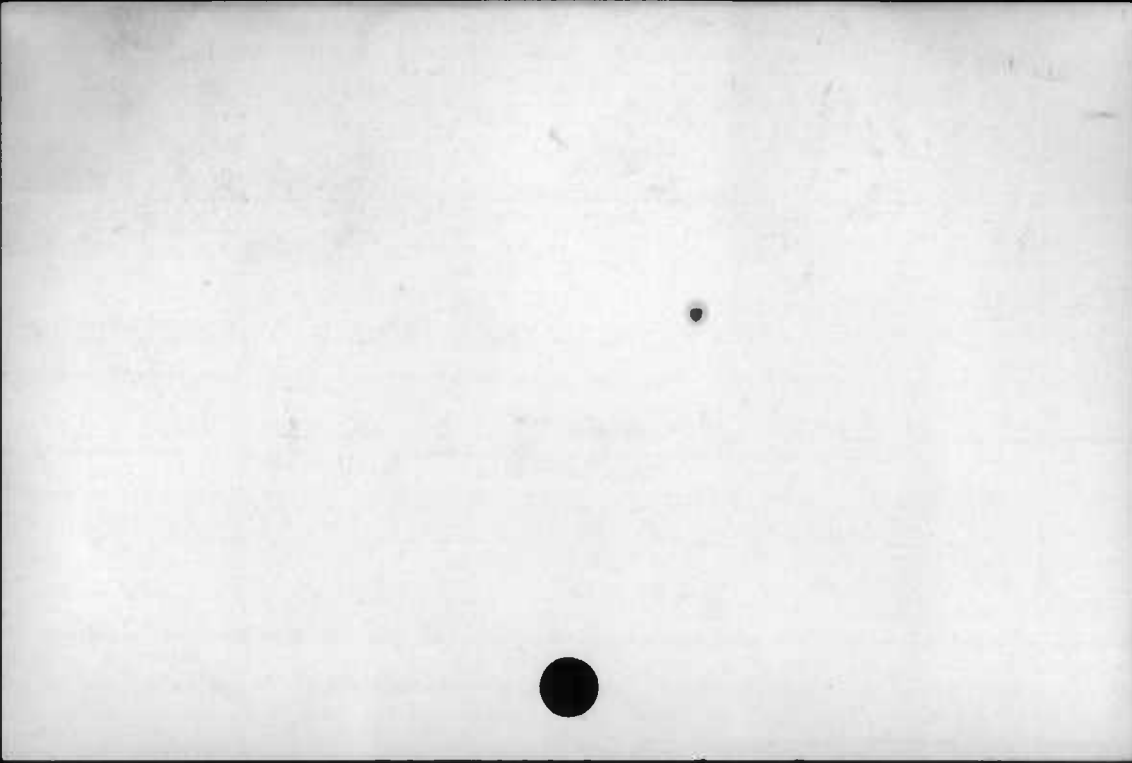
Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician *Lynns C Brown*

Address *Coroner*

*Accident or Suicide?* *Suicide* *Abingdon Md.*



Name  
in  
Full

Charles Edwin Reeder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Haverbe Grace<sup>County</sup> Harford

MARYLAND

Date  
of death 1908<sup>Month</sup> Oct<sup>Day</sup> 30

Age

<sup>Years</sup><sup>Months</sup> 3<sup>Days</sup> 5

Sex

Male

Color or  
Race

white

Birth-  
place

Haverbe Grace

Occupation

—

Where Residing if not  
at place of death

Haverbe Grace

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Earl Reeder

Father's  
Birthplace

North East

Mother's  
Maiden Name

Julie Andersen

Mother's  
Birthplace

—

Name of person giving  
In formation

Julie Reeder

How related  
to deceased

Mother

## CAUSES OF DEATH

179

Primary

Meningitis

How long

Six weeks

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. W. Steiner M.D.

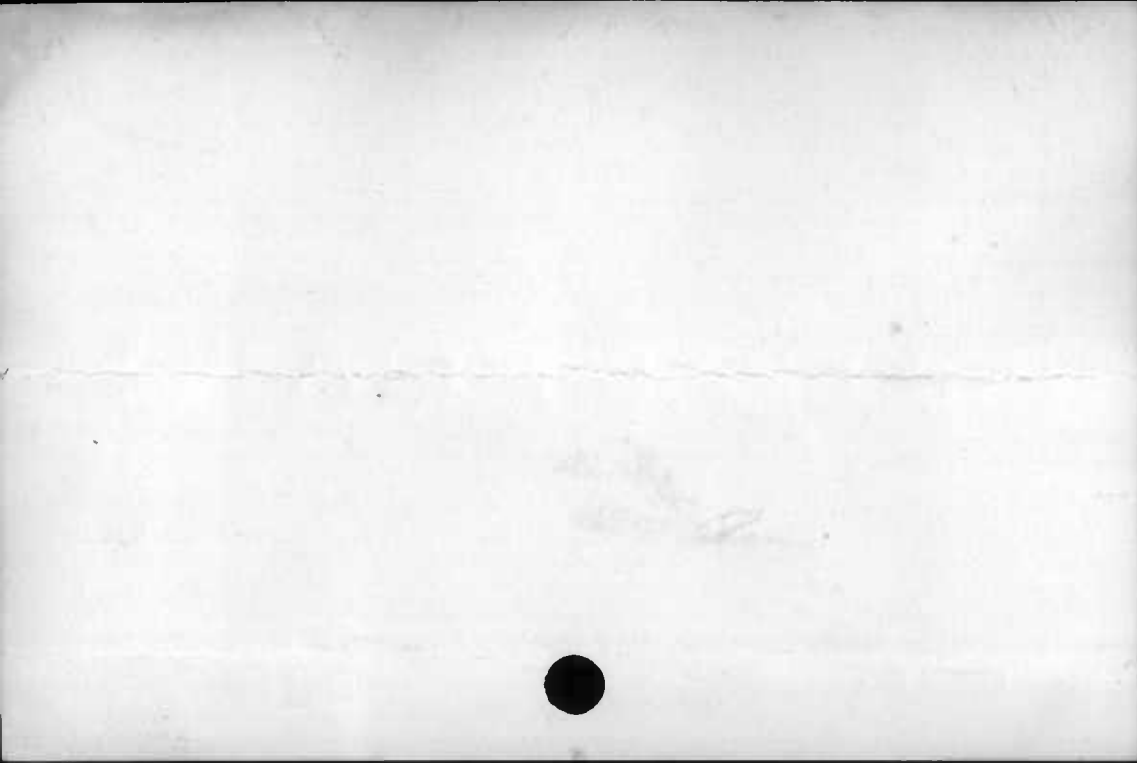
Address

Haverbe Grace

Accident or Suicide?

Maryland

PHYSICIAN  
OR CORONER



Name  
in  
Full

Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marysville</u> <small>Town</small>		<u>Starford</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Year</small>		<u>Oct</u> <small>Month</small>	<u>28</u> <small>Day</small>	Age <u>      </u> <small>Years</small>	Months <u>      </u> Days <u>      </u>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Starford Conn</u>	
Occupation <u>      </u>		Where Residing if not at place of death <u>Marysville</u>			
Married, Single or Widowed <u>      </u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>Chas Robinson</u>		Father's Birthplace <u>Starford Co</u>			
Mother's Maiden Name <u>Clara Swaay Jr</u>		Mother's Birthplace <u>Starford Co</u>			
Name of person giving information <u>Mrs J Swaay Jr</u>		How related to deceased <u>Grandmother</u>			

## CAUSES OF DEATH

S

PHYSICIAN  
OR CORONER

Primary <u>Still born</u>	How long <u>      </u>
Immediate <u>      </u>	How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas W Roth</u>
	Address <u>Edge wood Md</u>
Accident or Suicide?	



Name  
in  
Full

Lydia Santmyer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

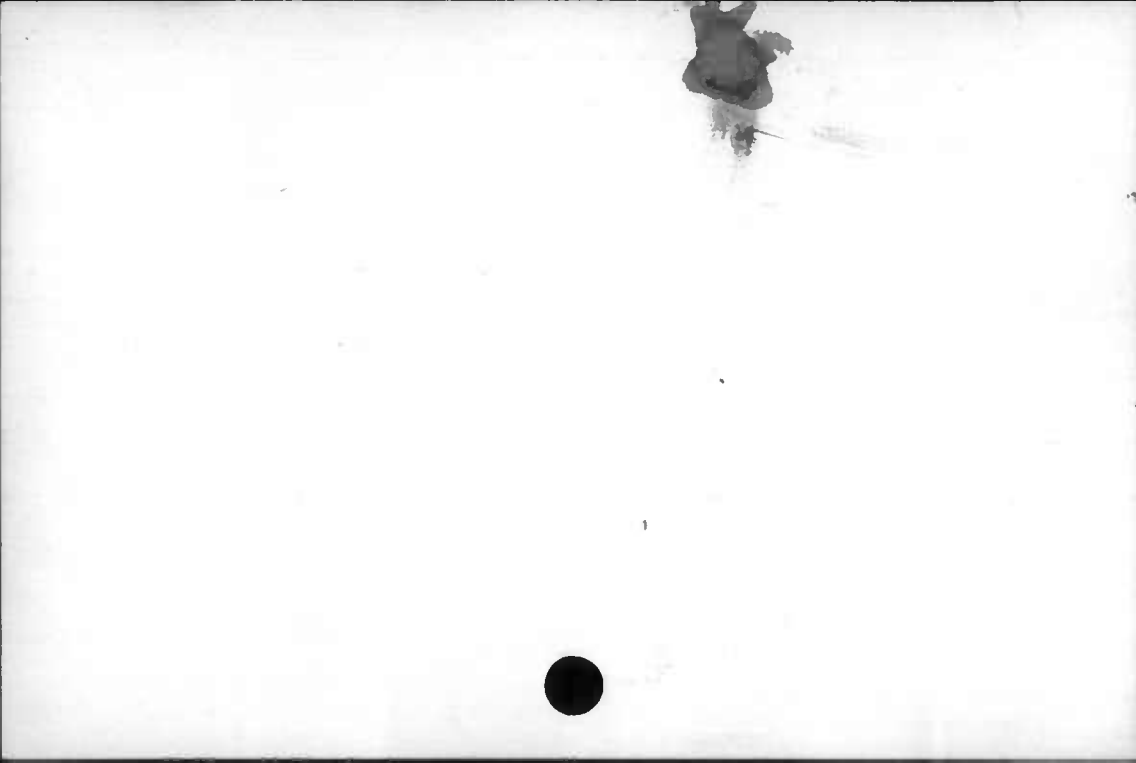
Died at		Town Barre de Grace		County Harford		MARYLAND	
Date of death		Month 1908 Oct.	Day 28	Age 49	Years	Months 10	Days —
Sex Female		Color or Race White		Birthplace Harford Co.			
Occupation House Wife		Where Residing if not at place of death B. de Grace					
Married, Single or Widowed Married		Name of Wife or Husband Millard F. Santmyer					
Father's Name Elijah Thompson		Father's Birthplace Harford					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving Information Millard F. Santmyer		How related to deceased Husband					

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary	Don't know	How long	—
Immediate	Heart Disease	How long	Two months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. W. Smith	
		Address	
		B. de Grace	
Accident or Suicide			





Name  
in  
Full

## CERTIFICATE OF DEATH

Sarah Ann Spencer

MARYLAND

Died at <sup>Town</sup> Jarrettsville<sup>County</sup> Harford

Date of death 1908 Oct.

Day 7

Age 61

Months 9

Days 4

Sex Female

Color or Race White

Birth-place Harford Co.

Occupation Housekeeper

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Hugh E. Spencer

Father's Birthplace Harford Co.

Mother's Maiden Name Sarah Ann Way

Mother's Birthplace Harford Co.

Name of person giving information Mary E. Spencer

How related to deceased Sister

## CAUSES OF DEATH

27

Primary

Pulmonary Phthisis

How long

Unknown

Immediate

Accumulation of secretions in lungs

How long

48 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

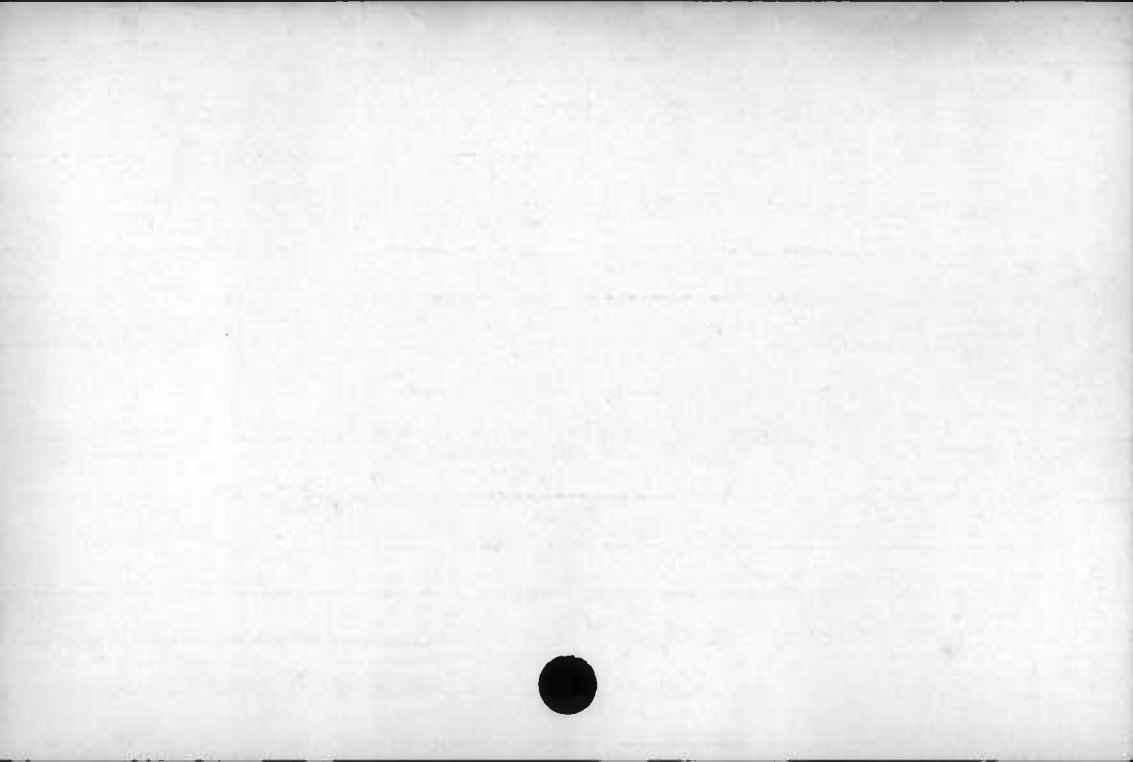
Signature of Physician

F. E. Rigdon M.D.

Address

Jarrettsville Ind.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

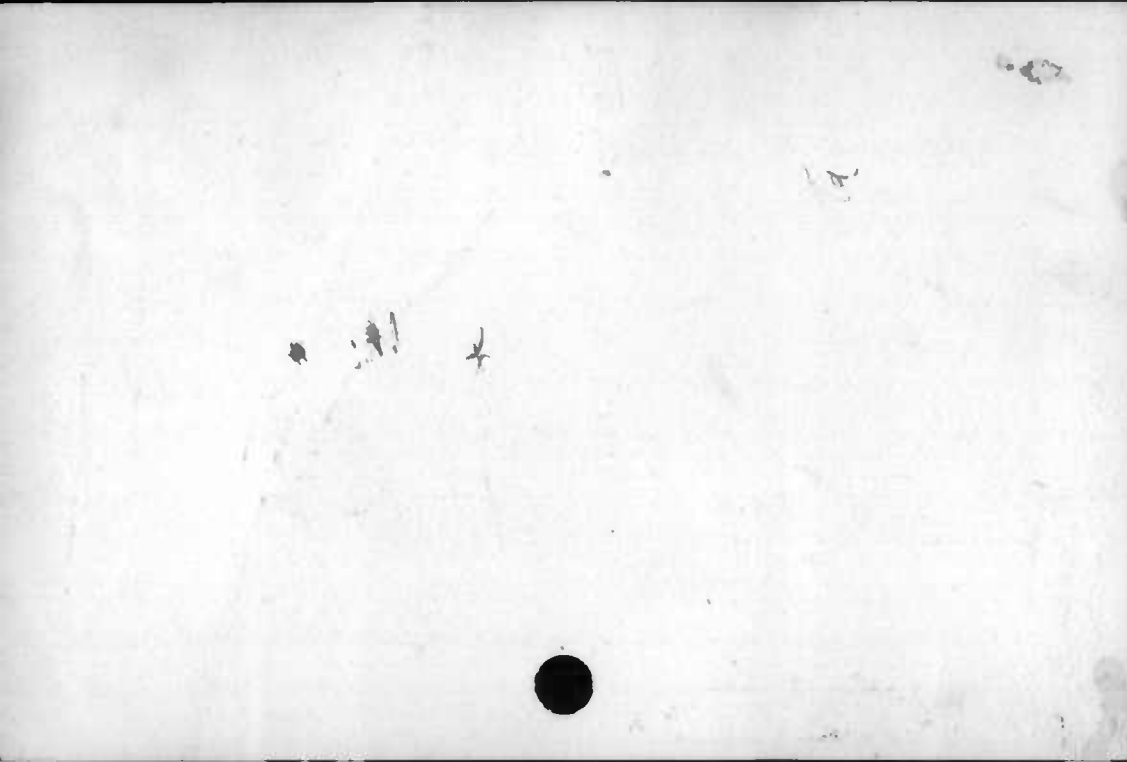
Elizabeth		H. H. H. H.		County		MARYLAND	
Died at		Town		County		MARYLAND	
Date of death		Month		Day		Age	
1908		Oct		24		88	
Sex		Color or Race		Where Residing if not at place of death		Birth-place	
Female		White		Rocks		Harford Md	
Occupation		Name of Wife or Husband		Father's Name		Father's Birthplace	
Housewife		John C. H. H. H.		John Denbow		Maryland	
Married, Single or Widowed		Name of Wife or Husband		Mother's Maiden Name		Mother's Birthplace	
Married		John C. H. H. H.		Elizabeth Street		Maryland	
Name of person giving information		How related to deceased		Primary		How long	
Geo. S. Calder		None		Old age		—	

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary		How long	
Old age		—	
Immediate		How long	
Heart Failure		Sudden	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. F. Bradley	
Accident or Suicide?		Address	
—		Jannettsville	
—		Md.	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

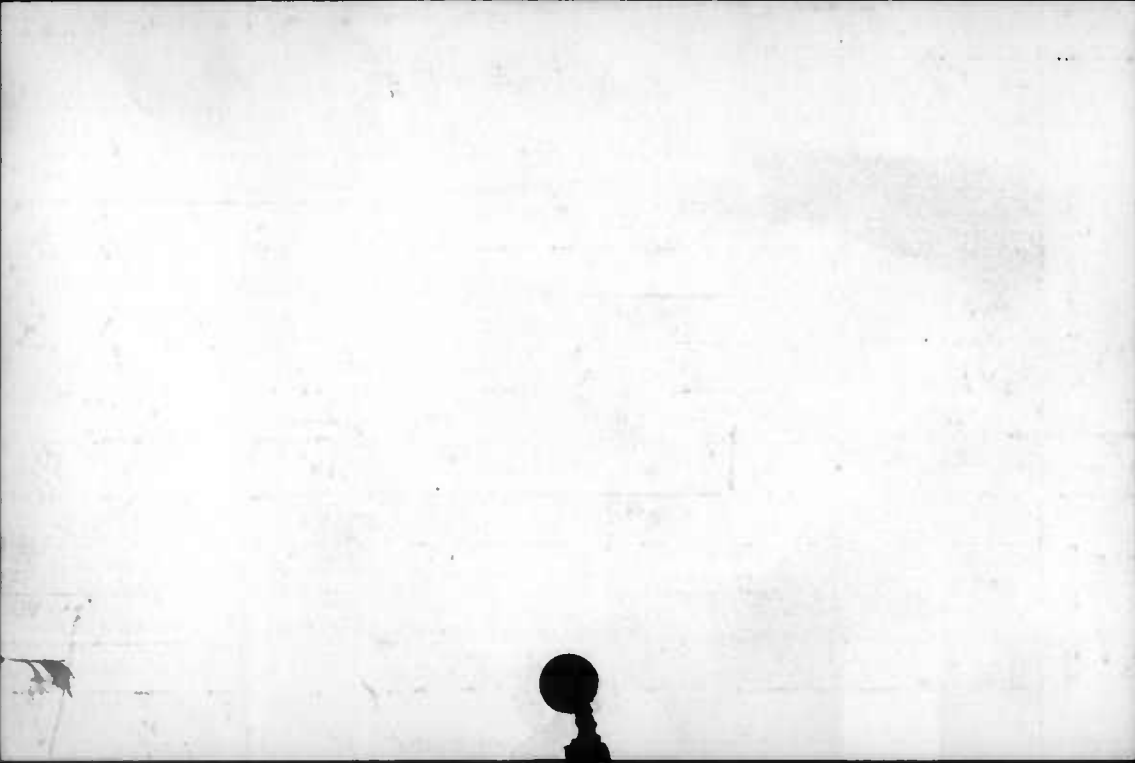
Name in Full <i>Wm. Hall Ward</i>		Town <i>Chestnut Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Chestnut Hill</i>		Month <i>Dec</i>		Day <i>31</i>		Age <i>38</i>	
Date of death <i>1908</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Chestnut Hill</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Margaret E. Robinson</i>					
Father's Name <i>John Ward</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Hannah Harkins</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Samuel H. Ward</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Asthma Bronchial</i>	How long	<i>7 years</i>
Immediate	<i>Acute Int. Hepatitis. Uremia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Samuel H. Ward</i>	
Address		<i>Bel Air Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James Watson.</i>		Town <i>Hanford Co. Alnhouse</i>		County <i>Hanford</i>		State <i>MARYLAND</i>					
Died at <i>Hanford Co. Alnhouse</i>		Month <i>Oct.</i>		Day <i>6</i>		Age <i>about 65 or 70.</i>		Months <i>—</i>		Days <i>—</i>	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>unknown</i>					
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>unknown</i>									
Father's Name <i>Unknown</i>						Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>do</i>						Mother's Birthplace <i>do</i>					
Name of person giving Information <i>J</i>						How related to deceased <i>J</i>					

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Tumor</i>		How long <i>2 or 3 years -</i>	
Immediate <i>Coma</i>		How long <i>2 or 3 days -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>G. F. Van Dine</i>	
		Address <i>Bel Air</i>	
Accident or Suicide? <i>No.</i>		<i>Med.</i>	





Name  
in  
Full

Mary Humes Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

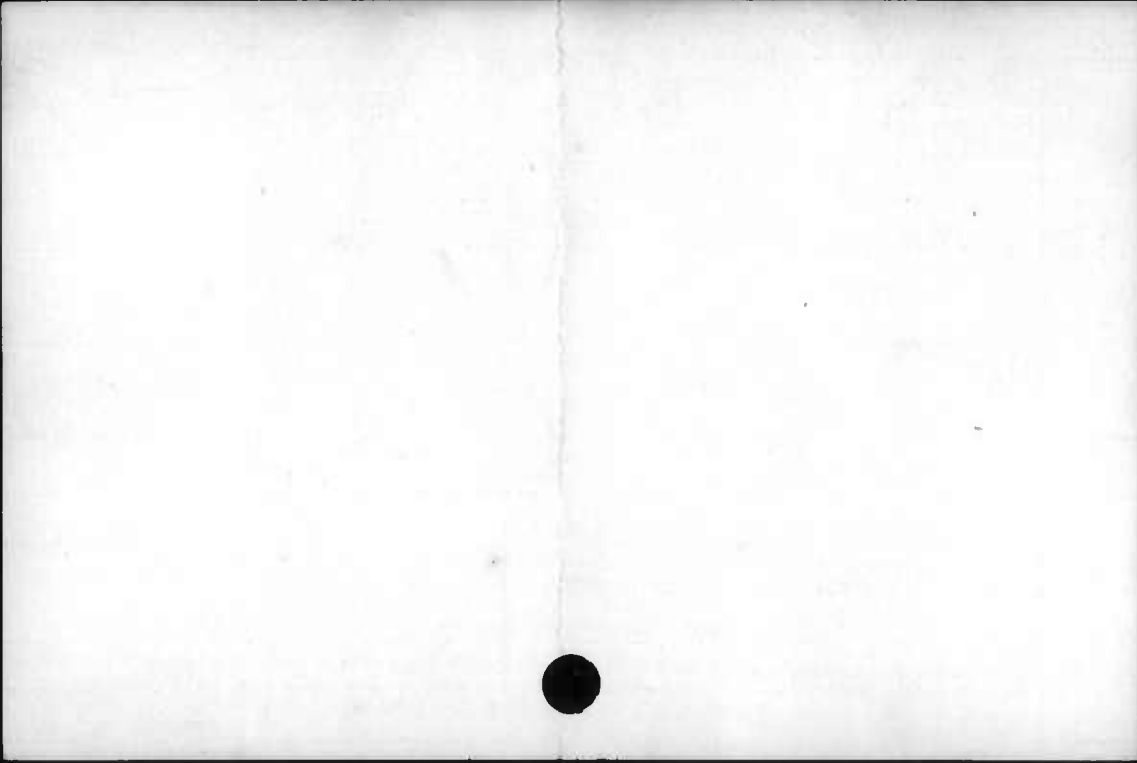
Died at <i>Darlington</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>October</i>	Day <i>22</i>	Age <i>56</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>		
Occupation <i>Gentlewoman</i>	Where Residing if not at place of death <i>Darlington</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>B. J. Williams</i>				
Father's Name <i>Thomas Humes</i>	Father's Birthplace <i>Balto City</i>				
Mother's Maiden Name <i>Annie Spillman</i>	Mother's Birthplace <i>Balto City</i>				
Name of person giving information <i>B. J. Williams</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>About two years</i>
Immediate <i>Embarrassed respiration from General Dropsy</i>	How long <i>about 6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ephr<sup>m</sup>. Hopkins</i>
	Address <i>Darlington M'd</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

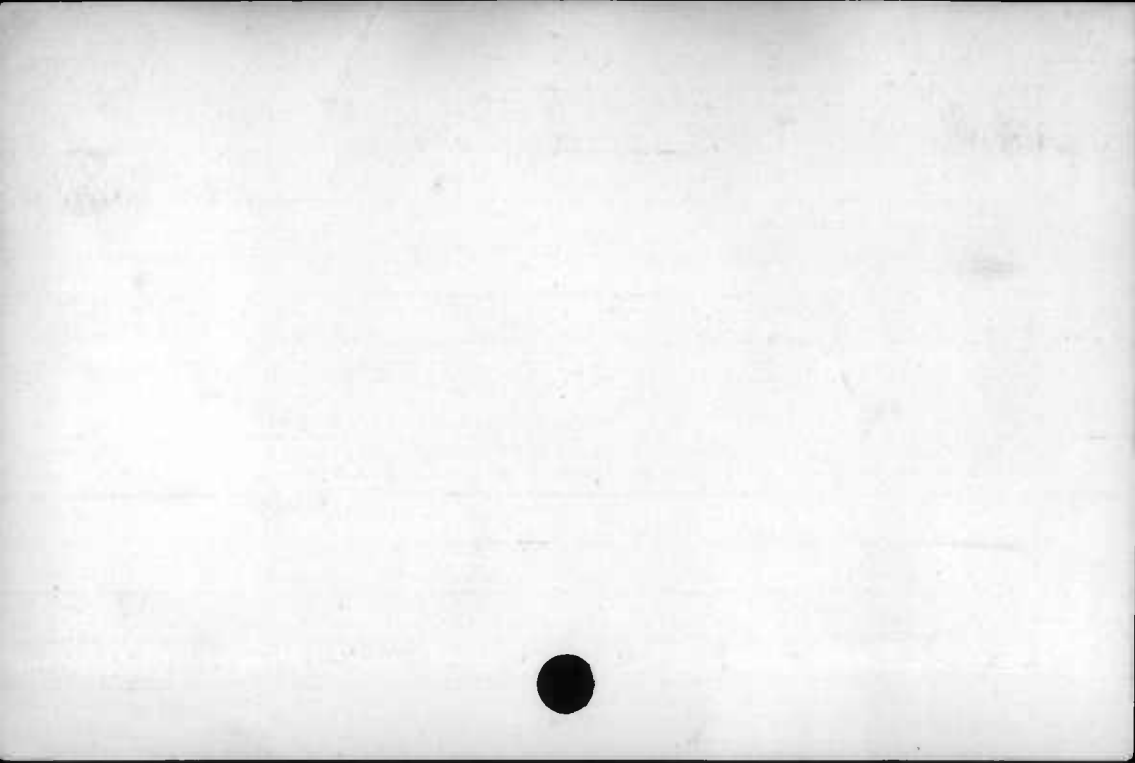
Died at <u>Boles</u> <sup>Town</sup>		<u>Harford</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>Oct</u> <sup>Month</sup>	<u>29</u> <sup>Day</sup>	Age <u>51</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farm Labour</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Bessie Wilson</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Arthur Wilson</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <u>Catarthral Gastritis</u>	How long <u>Two months</u>
Immediate <u>Heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Stier</u>
	Address <u>Cum gratia</u>
	<u>Med.</u>
Ident or Suicide? <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Town		County		MARYLAND	
Died at		Edgewood		Harford.			
Date of death 190		Month 8 Oct	Day 21	Age 1	Years 1	Months 7	Days 18
Sex		Male		Color or Race white		Birth- place Harford Co	
Married, Single or Widowed		Infant		Occupation		—	
Name of Wife or Husband		—					
Father's Name		Bronard J. Wychgram		Father's Birthplace		Batts City	
Mother's Maiden Name		Josephine Barner		Mother's Birthplace		Belle City	
Name of person giving In formation		Bronard J. Wychgram		How related to deceased		Father	

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long	2 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		Chas R. Roth	
Address		Edgewood Md.	
Accident or Suicide?		—	

